

Abstract 619

TITLE: Making Client-centered HIV Prevention Education a Reality

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ISSUE: In public health settings, one-on-one interventions with clients are usually information-focused, rather than individualized to meet the needs of that particular client, in spite of the increasing evidence to indicate that client-centered interventions are more likely to support clients in reducing their risks for HIV, other STDs, and unintended pregnancy. Little is known about what interventions with staff result in increased abilities to provide client-centered care.

SETTING: Federally funded reproductive health care agencies in four Texas cities.

PROJECT: As part of a CDC-funded effort, we provided three different levels of intervention at four different family planning agencies in order to see what level of intervention is needed to help staff conduct *client-centered* education, rather than focus on information alone.

The three levels of intervention were: 1) training supervisors; 2) training staff and supervisors together, and 3) training for staff and supervisors accompanied by administrative support and technical assistance.

RESULTS: It appears that the most effective intervention is to involve administrative level staff, (i.e., Level three). The next most effective is to train staff and supervisors together in client-centered counseling strategies and skills (Level two). Simply training supervisors had no impact whatever (Level one).

By "effective" we mean that a majority of staff were able to make changes in their behavior, from an information-based approach to a client-centered approach. Additionally, the staff that participated in this level of intervention report less frustration with clients and a clearer sense of their own roles in client change. Finally, the intervention resulted in clear improvements in clinic efficiency: client's waiting time decreased by an average of 30 minutes, and percentage of time spent in health education/counseling decreased by an average of six minutes. The number of clients served within a given time increased. Logically, this should result in improved client satisfaction.

Assessment methods include pre-and post-training observations of staff in clinics; pre-and post-training observations of supervisors' interactions with staff; interviews with staff and supervisors; pre and post-training knowledge assessments; and Patient Flow Analysis conducted both pre-and post-training.

LESSONS LEARNED: Traditional training approaches that target only direct client contact staff, and which take place in one-to-two sessions are unlikely to result in systems-level changes that may be needed to support client-centered care in public health settings. Training and other interventions must be customized to fit the needs of each agency. Some agency's needs will be less than others, but there are clear implications for increased costs of providing this type of tailored intervention.

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